



State of Utah  
Department of Public Safety  
**REPLACEMENT APPLICATION FOR CONCEALED FIREARM  
PERMIT**

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN INK

**COMPLETE the following information as it now appears on your Utah concealed firearm permit.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Permit # \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

**INSTRUCTIONS: Please check the appropriate box, which identifies why you need a replacement permit.**

Explain below the specific circumstances. If the permit has been stolen please identify the police agency the theft was reported to and a case number. If the permit is being replaced because of a change of personal identification information, i.e., new address, change of name, etc., please identify the changes. If there has been a change of name please include the appropriate legal documentation.

- |  |   |
|--|---|
| <input type="checkbox"/> Permit has been lost      | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Permit has been stolen    | <input type="checkbox"/> Name Change    |
| <input type="checkbox"/> Permit is damaged or worn | <input type="checkbox"/> Other _____    |

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**► A FEE OF \$10.00 AND A PHOTOCOPY OF YOUR CORRECTED DRIVERS LICENSE OR ID CARD  
MUST BE RETURNED WITH THIS FORM.**

I, the undersigned, being duly sworn or affirmed, state that the above information is true and accurate to the best of my knowledge and prior to this date, I have been issued a concealed firearm permit from the state of Utah:

Signature: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**METHOD OF PAYMENT** (CHECK APPROPRIATE BOX) Payment enclosed (check or money order only) ☐ Credit Card ☐  
**Credit Card payment must include 3-digit control number found on the back of the credit card. There is a \$20.00 service charge for any returned check.**

**Credit Card Orders:** \*Visa ☐ \*MasterCard ☐

**Card Number**

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**3 Digit Control #**

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**Expiration Date**

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**Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_